

MD

MISC

5

## 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

NAME OF FILER JAY MORTENSEN		Date of This Filing <b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California Report No. <u>OCT 21 2008</u> <b>DEBRA BOWEN</b> Secretary of State <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	497 CONTRIBUTION REPORT
AREA CODE/PHONE NUMBER	ID NUMBER (if applicable) 1312788		CALIFORNIA FORM <b>497</b>
STREET ADDRESS			For Official Use Only
CITY Laguna Hills	STATE CA		ZIP CODE 92653

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/20/08	Jay R. Mortensen Laguna Hills, CA 92653	Proposition 8	5,000	

Reason for Amendment: \_\_\_\_\_

Oct 21 2008 13:24 P.1 NO. 594

OCT. 21. 2008 1:05PM

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER The Roman Catholic Bishop of Sacramento, a corporation sole		Date of This Filing 10/21/08	Date Stamp OCT 21 2008	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California <b>DEBRA BOWEN</b> Secretary of State 12/21/08	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 916-733-0100	I.D. NUMBER (if applicable) 482576	Report No. 1-2008			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY Sacramento	STATE CA	ZIP CODE 95818	No. of Pages 1		

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/20/08	Protectmarriage.com- Yes on 8 - ID # 1302592 Sacramento, CA 95833	Statewide Proposition 8	5000.00	11/4/08

Reason for Amendment: \_\_\_\_\_

CP

MISC

S

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER WBSCORP CREDIT UNION EMPLOYERS STATE PAC		Date of This Filing 10/21/2008	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (213) 624-6200	I.D. NUMBER (if applicable) 1299391	Report No. 1021704	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California OCT 21 2008 <b>DEBRA BOWEN</b> Secretary of State	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN DIMAS, CA	STATE CA	ZIP CODE 91773	No. of Pages 17	

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/20/2008	FRIENDS OF EFREN CARRILLO (#1304418)  SANTA ROSA, CA 95407	EFREN CARRILLO  County Supervisor SONOMA COUNTY, #5	500.00	11/04/2008

Reason for Amendment: \_\_\_\_\_

Oct 21 2008 12:54

(TUE) 10:21:08 12:51/ST. 12:51/NO. 4863512559 P 1

FROM



MD

MISC

S

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

NAME OF FILER Athens Services		Date of This Filing 10/21/2008	<b>RECEIVED AND FILED</b> In the Office of the Secretary of State of the State of California OCT 21 2008 <b>DEBRA BOWEN</b> Secretary of State 1	497 CONTRIBUTION REPORT <b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (626) 336-3636	I.D. NUMBER (if applicable) 499501	Report No.		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY City of Industry, CA 91716-0009	STATE CA	ZIP CODE 91716		

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/20/08	Committee for Measure SP South Pasadena, CA 91030 FPCC # 1310236	Measure SP South Pasadena	\$1,000	11/04/08
10/20/08	Friends of Russ Blewett Hesperia, CA 92340	Russ Blewett Hesperia City Council	\$1,000	11/04/08

Reason for Amendment: \_\_\_\_\_

MISC

5

## 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER <b>Ray and Dagmar Dolby</b>		Date of This Filing <b>10/21/08</b>	Date Stamp <b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California <b>OCT 21 2008</b> <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>415 563-6947</b>	I.D. NUMBER (if applicable) <b>1312785</b>	Report No. <b>08-001</b>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>San Francisco</b>	STATE <b>CA</b>	ZIP CODE <b>94118</b>		
		No. of Pages <b>1</b>		

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/20/08	No on 8, Equality For All ID#1259396 West Hollywood, CA 90069	Prop. 8 Statewide	10,000.00	11/4/08

Reason for Amendment: \_\_\_\_\_

MD P.02 5308421491

Oct 21 2008 14:15

DAROLYN REED

OCT-21-2008 15:20

CHAD 001/002  
Oct 21 2008 21:33  
DAVID GOULD  
10/21/2008 20:45 FAX

MISC

1/2

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER FRIENDS OF TOM RUBINSON FOR JUDGE			Date of This Filing 10/21/2008	Date Stamp	<b>RECEIVED AND FILED</b> the office of the Secretary of State For Official Use Only OCT 21 2008 <b>DEBRA BOWEN</b> Secretary of State R
AREA CODE/PHONE NUMBER (213) 489-4792	I.D. NUMBER (if applicable) 1304462	Report No. LCR-81020			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY Los Angeles	STATE CA	ZIP CODE 90071			
No. of Pages 2					

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/20/2008 	Thomas Rubinson  Los Angeles ID: Ref: <input type="checkbox"/> CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy District Attorney Los Angeles County	10000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_  
\_\_\_\_\_



## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.NAME OF FILER  
FRIENDS OF TOM RUBINSON FOR JUDGE

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

1304462

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of  
This Filing

Report No.

☐ Amendment  
to Report No. \_\_\_\_\_  
(explain below)

No. of Pages

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

OCT 21 2008

DEBRA BOWEN  
Secretary of State  
2/2

LATE CONTRIBUTION REPORT

For Official Use Only

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

CAND  
001/003

Oct 21 2008 23:17

DAVID GOULD

10/21/2008 22:29 FAX

MISC

1/2

6992.0415

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

NAME OF FILER  
Rocky L. Crabb for Judge

AREA CODE/PHONE NUMBER

(213) 489-4792

STREET ADDRESS

I.D. NUMBER (if applicable)

4304279

1304272

CITY

Los Angeles

STATE

CA

ZIP CODE

90071

Date of  
This Filing 10/21/2008

Report No. LCR-81020

☐ Amendment  
to Report No. \_\_\_\_\_  
(explain below)

No. of Pages 2

RECEIVED AND FILED  
In the office of the Secretary of State  
of the State of California

OCT 21 2008

DEBRA BOWEN  
Secretary of State

1/2

LATE CONTRIBUTION REPORT

For Official Use Only

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/20/2008 	Rocky L. Crabb  Los Angeles ID: Ref: <input type="checkbox"/> CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commissioner  Los Angeles Superior Court	5000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_



## Late Contribution Report

Type or print in Ink.  
Amounts may be rounded to whole dollars.NAME OF FILER  
Rocky L. Crabb for Judge

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

~~1304279~~

1304272

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of  
This Filing

Report No.

☐ Amendment  
to Report No. \_\_\_\_\_  
(explain below)

No. of Pages

RECEIVED AND FILED  
in the office of the Secretary of  
of the State of California

OCT 21 2008

DEBRA BOWEN  
Secretary of State

2 / 2

LATE CONTRIBUTION REPORT

For Official Use Only

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

# 496 Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER California Catholic Conference		Date of This Filing 10/21/08	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California <b>OCT 21 2008</b> <b>DEBRA BOWEN</b> Secretary of State	CALIFORNIA FORM <b>496</b> For Official Use Only RA
AREA CODE/PHONE NUMBER 916-313-4011	I.D. NUMBER (if applicable) 1312126	Report No. 1-2008		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814		
		No. of Pages 1		

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
				Eliminates Right of Same-Sex Couples to Marry.			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
				8	Statewide	✓	

## 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/19 to 10/21	Staff Time to develop materials for California Diocese use	1055.00

Reason for Amendment: \_\_\_\_\_

## 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

## NAME OF FILER

Richard B Hazess

## AREA CODE/PHONE NUMBER

## ID NUMBER (if applicable)

1287296

## STREET ADDRESS

## CITY

Montecito, CA 93108

## STATE

## ZIP CODE

## Date of

This Filing 10/21/2008

Report No. 1228

☐ Amendment  
to Report No. \_\_\_\_\_  
(explain below)

No. of Pages 1

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

OCT 21 2008

**DEBRA BOWEN**  
Secretary of State

497 CONTRIBUTION REPORT

CALIFORNIA FORM

497

For Official Use Only

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/20/2008	NORA Campaign - Yes on 5 (#1302707)  Sacramento, CA 95814	Proposition 5 - Non-Violent Drug Offenses, Sentencing Parole & Rehabilitation	50,000.00	11/04/2008

Reason for Amendment: \_\_\_\_\_